| Effective October 1, 1997 09/12/152                                    |  |                      |                                 |                                  |                |                                      |                  |   |                    |                        |    |                            |                        |
|--|--|----------------------|---------------------------------|----------------------------------|----------------|--------------------------------------|------------------|---|--------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |                      |                                 |                                  |                |                                      |                  |   | SMALL ENTITY TYPE  |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| OR   |  |                      | NUMBE                           | IBER FILED                       |                | NUMBER EXTRA                         |                  |   | RATE               | FEE                    |    | RATE                       | FEE                    |
| IASIC FEE  |  |                      |                                 |                                  |                |                                      |                  |   | ` _                | 395.00                 | OR |                            | 790.00                 |
| OTAL CLAIMS  |  |                      | 2                               | 2 minus 20 = *                   |                |                                      |                  |   | x\$11=             |                        | ОЯ | x\$22=                     | 22                     |
| NDEPENDENT CLAIMS  |  |                      |                                 | 3 minus 3 =   *                  |                |                                      |                  |   | x41=               |                        | OR | x82=                       |                        |
| NULTIPLE DEPENDENT CLAIM PRESENT                                       |  |                      |                                 |                                  |                |                                      |                  |   | +135=              |                        | OR | +270=                      |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |                      |                                 |                                  |                |                                      |                  | ( | TOTAL              |                        | OR | TOTAL                      | 812                    |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                      |                                 |                                  |                |                                      |                  |   | SMALL ENTITY       |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | REM<br>AF            | AIMS<br>AINING<br>TER<br>IDMENT |                                  | NI<br>PRE      | GHEST<br>UMBER<br>VIOUSLY<br>UD FOR  | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | !                    | Λ                               | Minus                            | **             |                                      | =                |   | x\$11=             |                        | OR | x\$22=                     |                        |
|  | Independent  | •                    | Solv                            | MANUSL                           |                |                                      | =                |   | x41=               |                        | OR | x82≈                       |                        |
| ⋖  | FIRST PRE  | SENTA                | TION OF                         | MULTIPLE                         | DEPE           | NDENT CL                             | AIM              |   | +135=              |                        | OR | +270=                      |                        |
| (Column 1) (Column 2) (Column 3)                                       |  |                      |                                 |                                  |                |                                      |                  | A | TOTAL<br>DOIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE        |                        |
| ENT B  |  | CL<br>REM.<br>AF     | AIMS<br>AINING<br>TER<br>IDMENT |                                  | PAE            | GHEST<br>UMBER<br>VIOUSLY<br>IID FOR | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | . 1                  | ſ                               | Minus                            | ::20           | j                                    | = ( <u>)</u>     |   | x\$11=             |                        | OR | x\$22=                     |                        |
|  | Independent  | •                    | 2                               | Minus                            | 3              | A)                                   | = ()             |   | x41=               |                        | OR | x82=                       |                        |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                      |                                 |                                  |                |                                      |                  |   | +135≈              |                        | OR | +270=                      |                        |
|  | (Column 1) (Column 2) (Column 3)                             |                      |                                 |                                  |                |                                      |                  |   | TOTAL<br>DOIT, FEE |                        | OR | TOTAL<br>ADOIT. FEE        |                        |
| AMENDMENT C  |  | REM/<br>AF           | AIMS<br>AINING<br>TER<br>DMENT  |                                  | NI<br>PRE      | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR  | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | ٠                    |                                 | Minus                            | **             |                                      | #                |   | x\$11=             |                        | OR | x\$22=                     |                        |
|  | Independent  | •                    |                                 | Minus                            | ***            |                                      | =                |   | x41=               |                        | OR | x82=                       |                        |
| ⋖  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                      |                                 |                                  |                |                                      |                  |   | +135=              |                        | ОЯ | +270=                      |                        |
| ** IF (  | the entry in colu<br>the "Highest Nur<br>the "Highest Nur    | nber Pre<br>nber Pre | viously Pai<br>viously Pai      | id For In This<br>id For In This | S SPACES SPACE | E is less than<br>E is less than     | 20 antor "20"    |   | TOTAL<br>DDIT. FEE | ngalo hay i-           |    | TOTAL<br>ADDIT. FEE        |                        |

Application or Docket Number